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Capsule endoscopy, a useful tool for the diagnosis of a tapeworm infection

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Capsule endoscopy, a useful tool for the diagnosis of a tapeworm infection

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The rise in the incidence in parasitic infestations in developed countries is due to an increase of migrants and travelers from endemic regions. Diagnosis is a challenge as most patients remain asymptomatic, while others may present with non-specific symptoms such as abdominal pain, diarrhea or weight loss (1).

We present the case of a 50-year-old female with no previous medical history, with intermittent white fibrotic cords in her stools. She was otherwise asymptomatic, although she had lost 2 kg in the last month. The physical examination was unremarkable and her total blood count, liver function test, serum albumin and C-reactive protein were normal. The microscopic stool examination and culture were negative. There were no relevant findings during an upper and lower gastrointestinal endoscopy. Thus, a video capsule endoscopy was performed. A 1 cm-wide, white, flat, fibrotic structure within the entire length of the small bowel was found during the examination (Figs. 1 and 2). The patient was successfully treated with a single dose of praziquantel. A subsequent capsule endoscopy was performed a month later and no images of a tapeworm infestation were observed.

Discussion

Capsule endoscopy is the main diagnostic tool for the small intestine. The findings of a flat, fibrotic and segmented structure are a definitive diagnosis of a tapeworm or

Taenia infection (2), which consists of a series of proglottids forming a strobila. The gold standard technique is microscopic stool examination but it has a low diagnostic yield (3). Capsule endoscopy may play a role in negative cases with non-specific symptoms.

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Fig. 1. Capsule endoscopy findings: *Taenia* in the small intestine.

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Fig. 2. A 1 cm-wide, white, flat, fibrotic structure within the entire length of the small bowel was found during the examination.